

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6/26/02.

I. DISPUTE

Whether there should be additional reimbursement for nerve blocks 64999 provided on 11/18/01 and 1/30/02.

II. FINDINGS

Included in the Table of Disputed Services were services dated 6/21/01. Per Commission Rule 133.307 (c-d) only services that are not older than 365 days are eligible for review. On this basis the 6/21/01 date of service is outside the Commissions jurisdiction and will not be reviewed in this finding.

III. RATIONALE

The service provided on 11/18/01 was reduced to fair and reasonable. Per Commission Rule 133.307 (g)(3)(D), "if the dispute involves health care for which the commission has not established a maximum allowable reimbursement, documentation that discusses, demonstrates, and justifies that the payment amount being sought is a fair and reasonable rate of reimbursement in accordance with §133.1 of this title..." The requestor submitted multiple examples of EOBs reflecting many carriers agreeing with the requestor that the amount charged for the disputed service was fair and reasonable. On this basis, reimbursement is recommended.

The service provided on 1/30/02 was reduced based on "F" – The charge for this procedure exceeds the fee schedule or usual and customary values as established by Ingenix". The Commission's 1996 Medical Fee Guideline does not establish a MAR for this service. The service of 1/30/02 is identical to the service provided 11/18/01. Therefore the fair and reasonable rate established by the requestor for the 11/18/01 is recommended for the 1/30/02 service.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for 64999 for the 11/18/01 and 1/30/02 date of service in the amount of **\$294.00** Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$294.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 3rd day of November 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division
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